

1. CIR/DIST/DIV. CODE GUX	2. PERSON REPRESENTED PALACIOS, MICHAEL S.N.			VOUCHER NUMBER		
3. MAG. DKT./DEF. NUMBER 1:91-000103-001		5. APPEALS DKT./DEF. NUMBER		6. OTHER DKT. NUMBER		
7. IN CASE/MATTER OF (Case Name) U.S. v. PALACIOS		8. PAYMENT CATEGORY Other		9. TYPE PERSON REPRESENTED Adult Defendant		
10. REPRESENTATION TYPE (See Instructions) Supervised Release						
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list up to five major offenses charged, according to severity of offense.						
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix) AND MAILING ADDRESS GAVRAS, WILLIAM L. 2ND FLOOR J AND R BUILDING 208 ROUTE 4 HAGATNA GU 96910 Telephone Number: (671) 472-2302		13. COURT ORDER <input checked="" type="checkbox"/> O Appointing Counsel <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> R Subs For Retained Attorney <input type="checkbox"/> P Subs For Panel Attorney <input type="checkbox"/> Y Standby Counsel Prior Attorney's Name: _____ Appointment Date: _____ <input checked="" type="checkbox"/> Because the above-named person represented has testified under oath or has otherwise satisfied this court that he or she (I) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, or <input type="checkbox"/> Other (See Instructions) Leilani R. Toves Hernandez 6/11/2007 Signature of Presiding Judicial Officer or By Order of the Court 06/01/2007 Name Pro Tunc Date Date of Order Name Pro Tunc Date Repayment or partial repayment ordered from the person represented for this service at time of appointment. YES <input checked="" type="checkbox"/> NO				
14. NAME AND MAILING ADDRESS OF LAW FIRM (only provide per instructions)						
CATEGORIES (Attach itemization of services with dates)		HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH ADJUSTED HOURS	MATH/TECH ADJUSTED AMOUNT	ADDITIONAL REVIEW
In Court	a. Arraignment and/or Plea					
	b. Bail and Detention Hearings					
	c. Motion Hearings					
	d. Trial					
	e. Sentencing Hearings					
	f. Revocation Hearings					
	g. Appeals Court					
	h. Other (Specify on additional sheets)					
	(Rate per hour = \$ 94.00) TOTALS:					
Out of Court	a. Interviews and Conferences					
	b. Obtaining and reviewing records					
	c. Legal research and brief writing					
	d. Travel time					
	e. Investigative and Other work (Specify on additional sheets)					
	(Rate per hour = \$ 94.00) TOTALS:					
17. Travel Expenses (lodging, parking, meals, mileage, etc.)						
18. Other Expenses (other than expert, transcripts, etc.)						
19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM _____ TO _____			20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION		21. CASE DISPOSITION	
22. CLAIM STATUS Final Payment Interim Payment Number _____ Supplemental Payment _____ Have you previously applied to the court for compensation and/or reimbursement for this case? YES NO If yes, were you paid? YES NO Other than from the court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? YES NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements. Signature of Attorney: _____ Date: _____						
23. IN COURT COMP.	24. OUT OF COURT COMP.	25. TRAVEL EXPENSES	26. OTHER EXPENSES	27. TOTAL AMT. APPR / CERT		
28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER			DATE	28a. JUDGE / MAG. JUDGE CODE		
29. IN COURT COMP.	30. OUT OF COURT COMP.	31. TRAVEL EXPENSES	32. OTHER EXPENSES	33. TOTAL AMT. APPROVED		
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment Approved in excess of the statutory threshold amount.			DATE	34a. JUDGE CODE		